STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

FEB 2 8 2019

PLEASE PRINT NEW HAWMANISHISE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Dawn E.	McKinney		
II. Name of lobbyist's partnership, firm o	or corporation, if any:		
New Hampshire Legal As			
(Name of partnership, firm of	or corporation)		
117 North State Street	Concord, N	H 03301	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
() <u>603-224-4107</u> (Telephone)) 603-224-205 (Fax)	3e-mail	dmckinney@nhla.org
III. This statement covers: (Choose one – reportable expense transactions which ar			ou may file a separate report for
☐ All reportable transactions occurring in	the months prior to the r	porting date relativ	e to the following client:
(Full Name of Client :	as it appears on the Lobbyis	t Registration Form)	
X All reportable transactions by the lobbyi unrelated to any particular client.	st (including the lobbyist	's family), or the lo	bbying firm listed below which are
IV. Date of Report April 25, 2018 Reports cover: activity from date of registre	ution to 3/31/18 ac	July 25, 2018 tivity from 4/1/18 to 6	
October 31, 2018 activity from 7/1/18 to		January 30, 201 Civity from 10/1/18 to	
V. There have been no fees received a lf this box is checked, complete just this for Concord, NH 03301.			
VI. Check if additional reports are attach			
If you have received fees or made expe			
☐ If you have paid an honorarium or reim Expense Reimbursement	bursed expenses, you mi	ist file Addendum	B– Report of Honorariums or
If you, your firm, or your family has ma	ade political contribution	s, you must file Ad	dendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyi. I have read RSA 15, RSA 15-B, RSA 14-C and complete to the best of my knowledge a (Signature of lobbyist)	and RSA 664 and hereby		at the foregoing information is true 5 - 19 (Date)
Dawn E. McKinney (Print Name of lobbyist)			

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's par	tnership, firm or corporation	on, if any:			
	New Hampshire Legal Assistance (Name of partnership, firm or corporation)				
(Name of part		,			
III. Name of Client	N/A	Date _			
to lobbying, including fees for	all fees received from the client or services such as public advoc ng legislation, and related lega	cacy, government relations, o	or public relations serv		
a) Total of all fees received i	n this reporting period	a) \$	0		
	this calendar year, prior to this r tal of all prior monthly reports fo	reporting period b) \$ or this calendar year)	0		
c) Total of all fees received (Add lines a and b)	to date ·	c) \$	0		
 Indicate the amount of an yet been paid 	y such fees that are due, but hav	re not d) \$	0		
fees. Separate reports are to the lobbyist(s)/firm that are Expenses are to be reported during the reporting period in individual expenses where the lunch where the cost was \$2: being lobbied, purchase of a (c) an itemized statement of a any purpose not covered by ceremonial object to be give restaurant expenses for a legion	rships, firms, or corporations at the befiled for expenditures made unrelated to any one client a in one of three categories of offer salaries, benefits, support state expenditure was of \$25.00 or 5.00 or less, purchase of a pen vaceremonial object given to a per each individual expenditure mad (a) (for example: purchase of the subject of lobbying we gislative reception). Expenses a on separate addendums and should be the subject of lobbying we have the subject of lobbying we gislative reception).	relative to each client and if separate report may be file expenses: (a) the aggregate aff, and office expenses; (b) r less (for example: meals puvith a value of less than \$10 erson being lobbied with a value during this reporting period a meal with value of greate ith a value greater than \$25, for honorariums, expense re	expenditures are mad d for the lobbyist(s)/i total of all expenses the aggregate total our chased during a busi that is given to the pe- lue of \$25.00 or less); d of greater than \$25.00 er than \$25, purchase but not greater than eimbursement, or poli		
 a) Total aggregate expenses support staff, and office expe 	for this reporting period for salanses, related directly or indirect	ries, benefits, ly to lobbying. a) \$	2,148.53		
	litures during this reporting perio		^		
in a), of \$25 or less.		b) \$			

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 2,148.53 e) \$ 10,706.31 f) \$ 12,854.84
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ 10,706.31
f) Total of all expenses year to date	ns 12,854.84
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
,	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
muc	2-15-19 (Date)
(Signature of lobbyist)	(Date)
Dawn McKinney (Print Name of Johnvist)	

STATE OF NEW HAMPSHIRE



Lobbyists Report of **Political Contributions** Addendum C

(RSA Chapter 15:6)

(Name of part	PSSISTAV	
II. Name of Client		Date
Political Contributions For each political contribu client/lobbyist and lobbyir		oursuant to RSA Chapter 664 paid on behalf of the lowing:
Full name of candidate: _	Boutin (Last Name)	(First Name) (Middle Name/Initial)
Amount of contribution \$	100-	Office Candidate is Seeking Sehate
If the contribution is an in-ki actual cost of the in-kind cor enter an estimated value and	ntribution on the line abov	a description of the goods or services provided, and enter the e for amount of contribution. If the actual cost is not known,
<u> </u>		·
Full name of candidate:	PVCSCott (Last Name)	(First Name) (Middle Name/Initial)
Full name of candidate: Amount of contribution \$	(Last Name)	PUSSED (First Name) (Middle Name/Initial) Office Candidate is Seeking EXEMINE C
Amount of contribution \$	(Last Name) OO ind contribution, provide antribution on the line abov	(First Name) (Middle Name/Initial) Office Candidate is Seeking EXMINE Contact the goods or services provided, and enter the refor amount of contribution. If the actual cost is not known,

(If more than three contributions were made, report additional of	contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and h is true and complete to the best of my knowledge ar	ereby swear or affirm that the foregoing information and belief.
DMA	1-31-19

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